

FILED MAR 12 1948 STANDARD CERTIFICATE OF DEATH

State File No. 6645

Registration District No. 271

Primary Registration District No. 4400

Registrar's No. 6

1. PLACE OF DEATH:  
 Pemiscot  
 (a) County Pemiscot  
 (b) City or town Bragg City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community One Year. years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pemiscot 78  
 (c) City or town Bragg City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Grover Lee Phillips  
 (b) If veteran, name war no  
 (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb. day 1 St.  
 year 1946 hour 5 minute 15 P. M.

4. Sex male 7  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 (b) Name of husband or wife Gladys Phillips  
 6. (c) Age of husband or wife if alive 40 years  
 7. Birth date of deceased Aug. 24 1904  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	41	5	7	_____ hr. _____ min.

Immediate cause of death hit and run over by Frisco train severing the head and crushing the chest.  
 Due to walking on the railroad

9. Birthplace Craig Head County Ark. /  
 (City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Farming  
 11. Industry or business Cotton Farming

Major findings: Of operations \_\_\_\_\_  
 Of autopsy none

MOTHER FATHER  
 12. Name Edward Phillips  
 13. Birthplace Craig Head County Ark. /  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Mary Bedson  
 15. Birthplace Craig Head County Ark. /  
 (City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 1698  
 1620

16. (a) Informant Mrs. Gladys Phillips  
 (b) Address Bragg City, Mo.  
 17. (a) Removal (b) Date thereof 2-5-46  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Bone Ark.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) accident 78  
 (b) Date of occurrence Feb. 1, 1946  
 (c) Where did injury occur? Bragg City Pemiscot Mo.  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 Frisco railroad  
 While at work? no (Specify type of place) (e) Means of injury 3

18. (a) Signature of funeral director Valhalla Funeral Home  
 (b) Address Hayti Mo.  
 19. (a) 2/2/46 (b) Mrs. Jessie Turney  
 (Date received local registrar) (Registrar's signature)

23. Signature Jack Kelley Coroner (M.D. or other)  
 Address Hayti Mo. Date signed 2/1/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2-46-39

NOV 20 1946

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Jack Kelley  
Licensed Embalmer No. 3788  
P. O. Address Haystack, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**